



MIKE VAN LOBEN SELS
Fire Chief
(209) 966-3622

**MARIPOSA COUNTY
FIRE DEPARTMENT**

P.O. Box 162
Mariposa, CA 95338
Telephone: 209-966-4330 Fax: 209-966-0252

STEVE WARD
Division Chief
(209) 966-4330

Neighbors Helping Neighbors

In cooperation with **CAL FIRE**

VOLUNTEER APPLICATION

FIREFIGHTER **MEDICAL RESPONDER** **SUPPORT**

Name: (Print) _____

Mailing Address: _____

Resident Address: _____

Driver's License Number: _____ Class: _____ Expires: _____

Telephone Number: _____ Mobile Number: _____

E-Mail Address: _____

Emergency Notification: Name: _____

Address: _____

Telephone Number: _____ Relationship: _____

Firefighting Experience/Training: Yes: _____ No: _____ If yes, explain: _____

Medical Experience/Training: Yes: _____ No: _____ If yes, explain: _____

Certificates:

Emergency Medical Technician: Yes: _____ Expiration Date: _____ No: _____

EMS / PSFA / First Responder: Yes: _____ Expiration Date: _____ No: _____

CPR/AED: Yes: _____ Expiration Date: _____ No: _____

"Putting our communities first, understanding they deserve nothing less!"



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Have you ever been convicted of, plead guilty, or plead no contest to a misdemeanor or felony crime? No: _____ Yes: _____ Explain: * attach copies as necessary

Please indicate how you became aware of this volunteer opportunity: _____

Please include the following with application:

- **Valid California Driver License (with few exceptions)**
- **"California Department of Motor Vehicles" Driver License/Identification Card Information Request Form (driving record printout). This may be obtained in person at the DMV office for a \$5.00 fee. Online version must have name and address**

Return to:

Mariposa County Fire Department, 4802 Highway 140, Mariposa, CA 95338

Mail to:

Mariposa County Fire Department, P.O. Box 162, Mariposa, CA 95338

I certify that the above information is correct to the best of my knowledge. I understand this position will require live scan fingerprinting and medical physical. If applicant does not complete these requirements within a 6-month period of signed application or results do not meet the department standard, the hiring process will be terminated.

Signature: _____ Date: _____

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